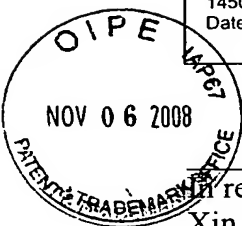


112 1633 ✓

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
Dated: November 4, 2008 Signature: Jeanne M. Brashear  
(Jeanne M. Brashear)

Docket No.: 31265/5877A  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

in re Patent Application of:  
Xin Lu et al.

Application No.: 10/581,569

Confirmation No.: 3614

Filed: January 16, 2007

Art Unit: 1633

For: SCREENING ASSAY AND TREATMENT

Examiner: Scott Long

**RESPONSE TO THE NOTICE TO PAY EXCESS CLAIMS FEES**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This paper is in response to the Notice to File Excess Claims Fees mailed October 20, 2008. This response is timely filed.

In response, submitted herewith is a check in the amount of \$1,865.00 to cover the fees associated with the introduction of new claims 49-78 filed in the second preliminary amendment dated August 12, 2008. The Director is hereby authorized to charge any additional fee associated with this submission to Deposit Account No. 13-2855, under Order No. 31265/5877A.

Dated: November 4, 2008

Respectfully submitted,

By: Jeanne M. Brashear  
Jeanne M. Brashear

Registration No.: 56,301  
MARSHALL, GERSTEIN & BORUN LLP  
233 S. Wacker Drive, Suite 6300  
Sears Tower  
Chicago, Illinois 60606-6357  
(312) 474-6300  
Agent for Applicant

11/07/2008 WASFAW1 00000002 132855 10581569

01 FC:2202		1638.00 OP
02 FC:2201		110.00 OP
03 FC:2203	78.00 DA	117.00 OP



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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/581,569-Conf. #3614
		Filing Date	January 16, 2007
		First Named Inventor	Xin Lu
		Examiner Name	Scott Long
		Art Unit	1633
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	31265/5877A	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	1,86500

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 13-2855
Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity</b>
							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							26
							110
							195
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
104	- 41 or HP	63	x 25.00 =	1,575.00	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.					185.00	185.00	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
10	- 9 or HP	1	x 105.00 =	105.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
	- 100 =	/50 =	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	56,301
Name (Print/Type)	Jeanne M. Brashear	Telephone	(312) 474-6300
		Date	November 4, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: November 4, 2008	Signature:  (Jeanne M. Brashear)